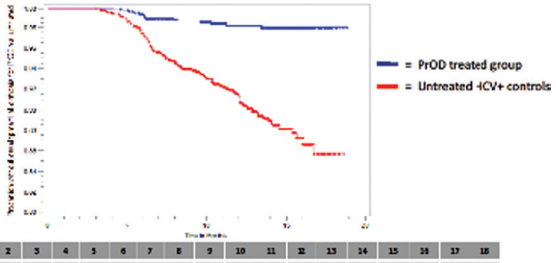
Racial/Ethnic and Socioeconomic Disparities in Initiation of Direct-Acting Antiviral Agents for Hepatitis C Virus in an Insured Population

hepatic decompensation. Our results demonstrate the long-term anti-fibrotic benefits associated with PrOD therapy for chronic HCV.

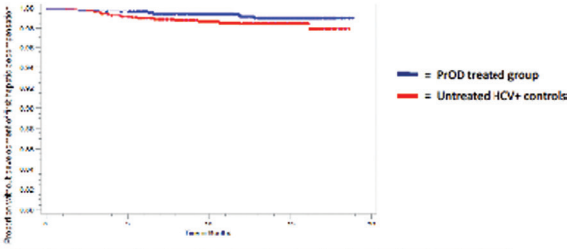
Disclosures. **J. Kort**, Abbvie: Employee and Shareholder, Salary; **A. Butt**, Merck: Investigator, Grant recipient

Figure 3. Time to the development of cirrhosis, among HCV+ individuals treated with PrOD who had baseline FIB-4 <3.5, compared to matched untreated HCV+ controls (*P<0.001*)



No. at risk	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
PrOD	1308	1308	1308	1308	1303	1304	1031	977	877	756	592	483	431	342	224	127	52	11
Untreated	1254	1254	1254	1254	1208	1186	1156	1113	1056	995	826	646	530	450	372	254	154	71	16

Figure 4. Time to the first recorded hepatic decompensation event, for PrOD-treated patients compared to matched untreated HCV+ controls (*P= 0.040*)



No. at Risk	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
PrOD	1432	1430	1430	1428	1427	1406	1335	1259	1159	980	770	614	536	431	288	168	75	17
Untreated	1412	1410	1408	1395	1382	1364	1337	1276	1209	1070	794	637	568	479	325	198	85	21

524. Racial/Ethnic and Socioeconomic Disparities in Initiation of Direct-Acting Antiviral Agents for Hepatitis C Virus in an Insured Population

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Session: 59. Hepatitis B and C in Varied Settings
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Background. The high cost of direct-acting antiviral agents (DAAs) for hepatitis C virus (HCV) infection may present a barrier to access, thus contributing to disparities in treatment. However, few real-world data exist on factors associated with DAA uptake.

Methods. We conducted an observational study of Kaiser Permanente Northern California members with HCV infection, defined as a positive HCV RNA test or an HCV genotype, during the recent DAA era (i.e., October 2014–December 2016). To evaluate factors independently associated with DAA initiation, an adjusted Poisson model included age, sex, race/ethnicity, census-based neighborhood deprivation index, HCV genotype, advanced fibrosis (i.e., Fibroscan ≥9.5 kPa, if available; else FIB-4 >3.25), prior HCV treatment, drug abuse diagnosis, smoking, alcoholic drinks per week, HIV infection, and hepatitis B virus infection.

Results. We identified 18,140 HCV-infected individuals, of whom 6167 (34%) initiated DAA treatment. Treatment was less likely among Black (risk ratio [RR] 0.83, 95% confidence interval [CI]: 0.79-0.88) and Hispanic individuals (RR 0.92, 95% CI: 0.87-0.98) compared with White individuals, and among individuals with greater neighborhood-level economic disadvantage (quartile 3 vs. 1: RR 0.89, 95% CI: 0.85-0.94; quartile 4 vs. 1: RR 0.79, 95% CI: 0.75-0.83). Treatment was also less likely among those with a history of drug abuse (RR 0.87, 95% CI: 0.82-0.91), smoking (RR 0.84, 95% CI: 0.80-0.87), or more alcoholic drinks per week (1–7 vs. 0 drinks: RR 0.88, 95% CI: 0.82-0.93; 8-16 vs. 0 drinks: RR 0.72, 0.63-0.82); ≥17 vs. 0 drinks: RR 0.63, 95% CI: 0.49-0.80). There was a higher likelihood of treatment among individuals with advanced fibrosis (RR 1.39, 95% CI: 1.34-1.44), HCV genotype 1 (RR 1.97, 95% CI: 1.87-2.08), no prior HCV treatment (RR 1.44, 95% CI: 1.37-1.52), or HIV infection (RR 1.19, 95% CI: 1.08-1.30).

Conclusion. Although clinical factors appear to drive HCV treatment decisions, racial/ethnic and socioeconomic disparities exist in DAA uptake. Lifestyle factors, such as alcohol use and drug abuse, may also influence patient or provider decision-making regarding DAA initiation. Strategies are needed to ensure equitable access to DAAs, even in insured populations.

Disclosures. **All authors:** No reported disclosures.

525. Making the Case for Universal Screening of Pregnant Women for Hepatitis C Virus: One State at a Time

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Background. New cases of Hepatitis C virus (HCV) infection are climbing in young adults and particularly in women of child-bearing age. Despite this growing burden, a risk-based screening approach is still recommended when testing for HCV in pregnant women and young adults. Risk-based screening was abandoned for "Baby Boomer" adults in favor of universal screening due to concerns for insufficient capture of cases.

Objective. We analyzed public health department data for all 50 states to compare the published rates of HCV infection among young adults and Baby Boomers

Methods. Public health department websites for all 50 states were reviewed for the most recent information on HCV incidence and prevalence. Age-specific rates were recorded for young adults (ages 20–39) compared with Baby Boomers (ages 50–70). When specific rates were not available, data on year over year trends were noted for both age groups.

Results. Using their own published data, we identified 11 states where rates of HCV infection in young adults surpassed that of Baby Boomers, and 4 states where the rates of HCV were equal between the 2 age groups. These states alone make-up 25% of the entire US population. When we include 6 additional highly populous states with reported HCV incidence on the rise in young adults, these 21 states account for more than half the US population. Only 4 states reported HCV rates in Baby Boomers to be higher than young adults and 25 states had no recent data to review. Of note, most of these states are direct neighbors to states in the first 2 categories with a higher burden of HCV.

Conclusion. Even using a risk-based screening strategy with lower case capture rate in young adults compared with universal screening in Baby Boomers, we identified that many states have HCV rates in young adults that is as high or higher than Baby Boomers. These results suggest that universal screening in this age group is warranted, where DAA treatment could reduce future spread. Pregnant women represent an easy group to target given their frequent medical visits, frequent lab testing, their exposed infants would require follow-up testing and the women could be referred for DAA treatment after delivery.

Disclosures. **R. Jhaveri**, Gilead: Grant Investigator, Grant recipient. Abbvie: Grant Investigator, Grant recipient. Merck: Grant Investigator, Grant recipient

526. Is DAA Treatment Associated with HBV Reactivation? Results from ERCHIVES

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Background. Reactivation of HBV infection has been reported in patients with HCV treated with newer directly acting antiviral agents (DAAs). Magnitude of this problem and its consequences are not fully understood.

Methods. Using ERCHIVES, a well-established national database of HCV infected Veterans, we identified all persons who received DAA treatment for >28 days. We determined the proportion of patients who had HBV viral reactivation (≥1 $\log_{10}$ increase in HBV DNA from baseline), seroconversion (from HBsAg